



City of East Providence Ordinance Violation

VIOLATOR	Location of Violation:	Date of Violation:	Time of Violation:	Reference #:
	Property Owner:	Street:	City/Town:	State: Zip Code:
	Tenant Name if Applicable:	Street:	City/Town:	State: Zip Code:

VIOLATION	<input type="checkbox"/> Use of Receptacles/Trash not in proper containers (Sec. 6-37)\$50
	<input type="checkbox"/> Bulky Waste Pick Up Appointment Required (Sec 6-37.1)\$50
	<input type="checkbox"/> Time to Place rubbish for collection (Sec. 6-37.2)\$50
	<input type="checkbox"/> Disposal of Recyclables / Allowing Non Recyclables in Recycling Bin (Sec. 6-40).....\$50
	<input type="checkbox"/> Overflowing dumpsters, trash containers (Sec. 4-331) 1st Offense \$50; 2nd Offense \$100; 3rd Offense \$150
	<input type="checkbox"/> Rubbish Disposal Facilities (Sec. 4-161) 1st Offense \$50; 2nd Offense \$100; 3rd Offense \$150
	<input type="checkbox"/> Removal of Snow and Ice (Sec. 14-40) 1st Offense \$25; 2nd Offense \$50; 3rd Offense \$100
	<input type="checkbox"/> Depositing on Streets and Sidewalks Litter/Vermin Harborage (Sec 7-52)..... 1st Offense \$150; 2nd Offense \$250; 3rd Offense 500
	<input type="checkbox"/> To be placed in receptacles (Litter) (Sec 7-53)..... 1st Offense \$150; 2nd Offense \$250; 3rd Offense 500
	<input type="checkbox"/> Streets ,alleys, lanes sidewalks Private land Public Land (Sec 7-62)..... 1st Offense \$150; 2nd Offense \$250; 3rd Offense 500
<input type="checkbox"/> Rodent, vermin, pest control, extermination/72-Hour notice (Sec. 4-140) City shall cause nuisance to be abated & lien shall be placed on property for cost of abatement.	
<input type="checkbox"/> Other VIOLATION _____ Sec. _____ Fine: \$ _____	
<input type="checkbox"/> This is a WARNING the next offense will be a VIOLATION	
Total Amount: _____	

NARRATIVE	

Procedure for Pleading Not Guilty: Mark an X in the box below and fill out your name, address and telephone number and return the ticket by mail or in person to avoid penalties.

<input type="checkbox"/>	Name:	Address:	City/Town:	Zip Code:	Telephone #:
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PAYMENT	Payment must be received by the City no later than seven (14) days prior to court hearing date. Acceptable forms of payments: 1. Cash paid in person 2. Check, money order or certified cashier's check payable to East Providence Municipal Court	Administrative payment address: East Providence Municipal Court 145 Taunton Ave. East Providence, RI 02914 401-435-7540
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HEARING	If Summons is not paid or you are not eligible to pay, you must appear in court on: Date: _____ Time: _____	Hearing Location: East Providence Municipal Court 145 Taunton Ave. East Providence, RI 02914-2427 401-435-7540
	Failure to appear in court will result in a bench warrant issued to the violator (property owner or tenant).	

I certify that the facts contained herein are true and that I served this notice upon the violator in person, by mail or by tacking to the location of violation

INSPECTOR SIGNATURE:	DATE:
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I certify that the facts contained herein are true and that I HAVE BEEN served this NOTICE in person or by tracking to the location of violation. This is not an admission of guilt.

VIOLATOR'S SIGNATURE:	DATE:
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